### **COUNTY OF LOS ANGELES** SHERIFF'S DEPARTMENT

"A Tradition of Service"

#### OFFICE CORRESPONDENCE

DATE:

August 12, 2016

S. FRASER, COMMANDER

TO: CORONNE L. JACOB, CAPTAIN

**TEMPLE STATION** 

SUBJECT: EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS

Case Number:

FO2368884

Incident:

Use of Force

Incident Date:

October 20, 2014

Unit:

Temple Station

Suspect(s):

Ibarra, Juan Manual MH/070279

Involved Employees:

Deputy Michael Fugawa #

Deputy

Deputy Charles Guzak #

Deputy Robert Wood #

Deputy

EFRC Date:

August 11, 2016

The Executive Force Review Committee (EFRC) consisting of Commanders Kelley S. Fraser, John S. Benedict, and David E. Halm met and reviewed the above case.

#### FINDINGS:

The EFRC determined the use of force and tactics were within Department policy.

#### **RECOMMENDATIONS:**

The EFRC made no recommendations.

## Los Angel S County Sheriff's epartment

Supervisor's Report on Use of Force Page 1 of 6

|            | URN: 0 1 4  | - 1 2                         | 8 3 0   | 0 5                                     | 3 2 -                                | 0 5 4                                      | Date:                     | 10/2                | 0/14                            | Time:                                   |               | 0316            |
|------------|---|-------------------------------|---|---|--------------------------------------|--|---------------------------|---------------------|---------------------------------|---|---------------|-----------------|
|            | Location:   | 3029                          | San Gabr  | iel Boule                               | vard #1                              | 07   | City or St                | ation:              | Rosemead                        |   |               |                 |
|            | Bureau/Station/F  | acility:                      |   | Ea                                      | ast Patrol Division                  |  |                           |                     | Admin. Investigation:   YES  NO |   |               | YES O NO        |
|            | Type of Force:  | Resisted                      | d Tarp and  | d Hobble                                | , Perso                              | nal Weap                                   | ons (Fis                  | t), O.C. S          | Spray, Res                      | isted C                                 | ontrol        | Techniques      |
|            | Incident Categor  |                               |   | 3                                       |                                      | Deputy                                     |                           |                     | `                               | pect Inju                               |               | YES O NO        |
|            | ⊠ Call  |                               |   | )bservation                             | 1                                    |  | Detail                    |                     | Foot Purs                       | suit                                    | ☐ Veh         | nicle Pursuit   |
|            | IAB Notified:      Output   Description:                      | YES ()                        | NO Person   | Notified:                               | and the constitution of the first of | Michael Be                                 |                           | Emp:                |                                 | AB Roll                                 | Out 💿         | YES O NO        |
| <b>E</b> 1 | Employee #[L  | ast Name.                     |   |   | ln                                   | volved Emp<br>Fi                           | oloyee<br>st Name         |                     |                                 |   | iddle I.      | Rank            |
| E 1        | Sex:  | Race:                         | V<br>Height:  | Vood<br>Weight:                         | Age:                                 | Shift:                                     |                           | Robe                | rt<br>T                         |   | L.            | Dep.            |
|            | <b>⊙</b> м ○ F  | W                             | 602   | 200                                     |                                      | <b>●</b> E                                 | M OD                      | ay OPM              | Regula                          | ar Shift (                              | OT Shi        | ft Off Duty     |
|            | Unit of Assignment  |                               | 45  |   | Work As                              | ssignment (Ur                              | it #, Modul               |                     |                                 | *************************************** |               |                 |
|            | I e<br>Individual Force Us                                    | mple Sta<br>ed:               | ition   |   |                                      |  | 1                         | 5                   | 3A                              |   | Individue     | al Category     |
|            | Tarp, Person  | al Weap                       | ons, Resis  | sted Con                                | trol Tec                             | hniques                                    | <ul><li>Direct</li></ul>  | ed ( Resc           | ue ( Medica                     | l Assist                                |               | 2 <b>(</b> )3   |
|            | Injured   | Treated [                     | Admitted  | Facility:                               |                                      |  |                           |                     |                                 |   | Coror         | ner Case #      |
| <b>E</b> 2 | Employee #  | ast Name                      | G   | uzak                                    |                                      | Fìr  | st Name                   | Charle              | , c                             | M                                       | ddle I.<br>M. | Rank<br>Don     |
|            | Sex:  | Race:                         | Height:   | Weight:                                 | Age:                                 | Shift:                                     | O n-                      |                     | ]                               |   |               | Dep.            |
|            | M OF  | . W                           | 506   | 160                                     | 10/                                  | <b>●</b> E                                 |                           |                     | Regula                          | r Shift (                               | OT Shif       | t Off Duty      |
|            | Unit of Assignment: Temple Station                            |                               |   |   |                                      | Work Assignment (Unit #, Module, etc.): 53 |                           |                     |                                 |   |               |                 |
| ĺ          | Individual Force Used: Tarp, Resisted Hobble, Resisted Contro |                               |   |   | rol Techniques                       |  |                           |                     | Individual Category             |   |               |                 |
| ŀ          | r   | eu nopp                       | - Resiste   | ea Contro                               | oi i ecn                             | niques                                     | (* Directi                | eu ( Resci          | ue ( Medica                     | Assist                                  |               | )2              |
|            |   | Treated _                     | Admitted  | Facility:                               |                                      |  |                           |                     |                                 |   | COION         | ei Case #       |
| E3         |   | ast Name                      |   | gawa                                    |                                      | Fin  | st Name                   | Michae              | ∍l                              | Mi                                      | ddle I.<br>R. | Rank<br>Dep,    |
|            | Sex:  M O F   | Race:                         | Height:<br>504  | Weight:<br>143                          | Age:                                 | Shift:                                     | M ○ Da                    | у () РМ             | Regular                         | Shift (                                 | OT Shift      |                 |
|            | Unit of Assignment:   |                               |   |   | Work Ass                             | signment (Uni                              | t #, Module               | , etc.):            | L                               |   | NIII.         |                 |
| ŀ          | Ter<br>Individual Force Use                                   | mple Star                     | tion  |   |                                      |  |                           | 5                   | 52                              |   |               |                 |
|            | Personal V  |                               | Resisted  | Control                                 | Technic                              | ques                                       | <ul><li>Directe</li></ul> | ed ( Rescu          | e ( Medical                     | Assist                                  |               | Category        |
| l          | ☐ Injured ☐ ☐   | Freated [                     | Admitted  | Facility:                               |                                      |  |                           |                     |                                 |   |               | er Case #       |
|            | Emp_#   | Last Name                     |   |   |                                      | Duty Super                                 | visor                     |                     |                                 |   |               | lved Employees  |
|            |   |                               | Moreno  | ***                                     | rst Name                             | Abel                                       |                           | Middle I.<br>A.     |                                 | Present<br>NO                           |               | ess to Incident |
|            | mp #  | Last Name                     | المستناب  | St<br>Fi                                | iperviso<br>st Name                  | r Completii                                | ıg Investi                | gation<br>Middle I. | Rank                            | Present                                 |               | ess to Incident |
|            |   | mundoused a factor as a filia | Jordan  | Watch                                   | Comma                                | James<br>Inder / Sup                       | ervisinn I                | ١.                  |                                 | ONO (                                   |               | O NO ●          |
| ľ          | Emp. #  | Last Name                     |   | Fi                                      | rst Name                             |  | arviolity L               | Middle I.           | Rank<br>Lt.                     |   |               |                 |
| _          |   |                               |   | , |                                      |  |                           |                     | v                               |   |               |                 |
| Ī          | Natch Commander   | / Supervis                    | ing Lieuten   | ant's <b>Sign</b> a                     | ture:                                |  | ate                       | Copy P              | rovided to E                    | Employe                                 | ee by:        | Emp #:          |
| ī          | Jnit Commander  | (Print Na                     | me)   |   | 1                                    | Jnit Comm                                  | ander's S                 | ignature            |                                 | En                                      | n #:          | Data            |
| 2          |   | Use Only                      |   |   |                                      |  |                           | -                   | Original: Disc                  |   | p#:<br>t      | Date            |
| i'.        |   |                               | FO# PPI REVIEW COMPLETED Original: Discovery Unit Copy: Unit Copy: Unit Copy: Unit Commander SH-R-438P (Rev. 01/13) |   |                                      |  |                           |                     |                                 |   | ~             |                 |

# Suspect Information

0 1 4 - 1 2 8 3 0 - 0 5 3 2 - 0 5 4

|     |   |           |             |                  |  | Nii Diagram and an |                 | diametricana de la composição de la comp |                  | raye   | 2 01 0  |  |
|-----|---|-----------|-------------|------------------|--|--|-----------------|--|------------------|--|---|--|
|     | Last Name                               |           |             | First Name       | DAVIDSON STREET, STREE | ct Informati   |                 |  |                  |  |   |  |
| S_1 |   | ırra      |             | First Name       | Juan   |  | Middle          | <sub>Name</sub><br>Manuel  | Armed<br>Not Arr | 2 Select   |   |  |
|     | AKA Last Name                           |           |             |                  |  | Name   |                 | Mariuei  | Middle Nam       |  |   |  |
|     |   |           |             | -                | 1 11 00  | - Truino   |                 |  |                  |  |   |  |
|     | Sex:                                    | Race:     | Age:        | Height:          | Weight   | D.O.B:   | Phone           | #1: ○ H ○ W  | / C Phon         | e#2: () H (  | OW OC   |  |
|     | Male Fer                                | nale H    | 35          | 509              | 175  | 07/02/79   |                 |  |                  |  |   |  |
|     | Street Address:                         |           |             |                  |  | City   |                 |  | State & Zip      | Code:  |   |  |
|     | De altiere #                            |           |             |                  |  |  |                 |  |                  |  |   |  |
|     | Booking #: 4131                         | 008 Prin  | nary Charg  | ge Code:         | 273.5(a)   | P.C. Sec   | ondary Cl       | harge Code: 2  | 73a(a) P.C.      | Crimi  | nal History                                   |  |
|     | Treated on Scene? (                     | € VES (   | NO Non      |                  | L.A. Co.   | FD   | Unit:           | Station #4   | A                | 626-280  |   |  |
|     |   |           |             |                  |  |  | -               |  |                  |  |   |  |
|     | Hospital Admission?                     |           | eatment A   | man and a second |  |  | Coroner         |  |                  | History Us   | ser's guide provides<br>rection on this entry |  |
|     | By: Johm                                | Liu M.D.  | A           | ddress:          | 525 N. G   | arfield Ave  | enue M          | onterey Par  | k Phone #:       | 626-573  | -2222   |  |
|     | Under Influence:                        | YES ON    | IO SI       | ihetance.        | CNS Stimul   | ont  |                 | 5150 a factor in   | farra 0 V/50     | O NO U   | er's quide provides                           |  |
|     | e i i i i i i i i i i i i i i i i i i i | 120 () (  | 10 31       | ibstance.        |  | ani<br>ispect Interv                                   |                 | 5 150 a factor in  | Torce? O YES     | NO of  | er's guide provides<br>ection on this entry   |  |
|     | Date: N/A                               | Time:     | T           | ☐ Audia          | otape:   |  |                 | I BL   | . –              | ADMITS HEA   | PINC  |  |
|     | Date. IV/A                              | Time.     |             | Audic            |  | _ Videotape  |                 | Photos of Inj  | uries:           | ANNOUNCE   | MENTS   |  |
|     | Last Name                               |           |             | irst Name        | Susp   | ect Informa  |                 |  |                  |  |   |  |
| s_  |   |           | '           | ii st ivanie     |  |  | Middle N        | Name   | Armed            | Select   |   |  |
|     | AKA Last Name                           |           |             |                  | Firet  | Name   |                 |  | Middle Name      | _  |   |  |
|     |   |           |             |                  | 1113(  | Name   |                 |  | Wildale Name     | 3  |   |  |
|     | Sex:                                    | Race:     | Age:        | Height:          | D.O.B.   | Weight:  | Phone           | #1: O H O W  | OC Phon          | e #2: () H (   | OW OC   |  |
|     | ◯ Male ◯ Fen                            | nale      |             |                  |  |  |                 |  |                  |  | J   |  |
|     | Street Address:                         |           |             |                  |  | City:  |                 |  | State & Zip      | Code:  |   |  |
|     | D. 11. "                                |           |             |                  |  |  |                 |  |                  |  |   |  |
|     | Booking #:                              | Prim      | ary Charg   | e Code:          |  | Seco   | ondary Ch       | narge Code:  |                  | Crimir   | nal History                                   |  |
| ı   | Treated on Scene? (                     | ) YES ()  | NO By       | r·               | ·····  |  | 11-2            |  |                  |  |   |  |
| ł   |   |           |             |                  |  |  | Unit:           |  | Phone #:         |  |   |  |
|     | Hospital Admission?                     | Recall    | eatment A   | .t:              | ···  | ·····  | Coroner (       | Case #:  | Mental           |  | er's guide provides<br>ection on this entry   |  |
|     | By:                                     |           | Ad          | ddress:          |  |  |                 |  | Phone #:         |  |   |  |
| ľ   | Under Influence:                        | YES () N  | 0 80        | bstance:         |  |  |                 | 5450 - f- d- d   |                  | O  | ar's milds assuides                           |  |
|     |   | 120 01    | 00          | batance.         |  | ispect Interv  | ·····           | 5150 a factor in t   | force? O YES     | ○ NO dire  | er's guide provides<br>ection on this entry   |  |
| ľ   | Date:                                   | Time:     |             | Audio            |  | _  |                 | Dhatair  | . –              | ADMITS HEAR  | RING  |  |
|     |   | I illio.  |             | Audio            |  | Videotape:   |                 | Photos of Inju   | ırıes:           | ANNOUNCEM  |   |  |
| s   | Last Name                               |           | F           | irst Name        | Suspe  | t Informatio   |                 |  |                  |  |   |  |
| s_  |   |           | ·           |                  |  |  | Middle N        | iame   | Armed?           | Select   |   |  |
|     | AKA Last Name                           |           | *******     |                  | First I  | Vame   |                 |  | Middle Name      |  |   |  |
| ŀ   | Sex:                                    | In. I     |             |                  |  |  |                 |  |                  |  |   |  |
|     | Male Fem                                | Race:     | Age:        | Height:          | D.O.B.   | Weight:  | Phone :         | #1: () H () W  | O C Phone        | #2: O H O  | ) W O C                                       |  |
| ŀ   | Street Address:                         | aic       |             |                  |  |  |                 |  |                  |  |   |  |
|     | Street Address.                         |           |             |                  |  | City:  |                 |  | State & Zip (    | Code:  |   |  |
| h   | Booking #:                              | Prima     | ary Charge  | Code             |  | Seco   | ndany Ch        | arge Code:   |                  |  |   |  |
| L   |   |           | ary orlange | , oode.          |  | Seco   | nuary Ch        | arge Code:   |                  | Crimin   | al History                                    |  |
| - 1 | Treated on Scene? YES NO By:            |           |             |                  | Unit:  |  |                 | Phone #:   | Phone #          |  |   |  |
| - I | lospital Admission?                     | Rec'd Tre | atment At   |                  |  |  |                 |  |                  |  |   |  |
| - 1 |   |           |             |                  |  |  | Coroner Case #: |  | Mental H         | Mental History User's guide provides direction on this entry |   |  |
| Ľ   | 3y:                                     |           | Ac          | ldress:          |  |  |                 |  | Phone #:         |  |   |  |
| T.  | Jnder Influence: O                      | YES ON    | ) Sut       | stance:          |  |  |                 | 150 a factor in fo   | orce? () YES     | O NO User  | 's guide provides                             |  |
|     |   |           | - 21        |                  | S.   | spect Intervi  |                 | . Jo a lactor iii lo   | FIGER () TES     | O NO direc   | 's guide provides<br>tion on this entry       |  |
| Ī   | Date:                                   | Time:     | Τr          | Audiot           |  | Videotape:   |                 | Photos of Inju   | rios:            | ADMITS HEAR  | ING   |  |
| _   |   |           |             |                  | -po  | Tracolape.   |                 | notos or mju   | nes.             | ANNOUNCEME   | ENTS  |  |
| SI  | H-R-438P (Rev. 01/13)                   |           |             |                  |  |  |                 |  | Additional S     | uspects In   | volved  |  |

# Servisor's Report on Use of Fee EMPLOYEE / NON-EMPLOYEE INFORMATION

0 1 4 - 1 2 8 3 0 - 0 5 3 2 - 0 5 4

Page 3 of 6

| Victorios Honoros de Company                    |  |                       |                     | Anna i in ana mai |              |               | 1 (4)       | ge o or o     |
|---|--|-----------------------|---------------------|-------------------|--------------|---------------|-------------|---------------|
| Emp. #  |  |                       | Employee Witness    | 25                |              |               |             |               |
| emp.  | Last Name                              | Moreno                | First Name          | Abel              |              | Middle        | Name<br>Ana | stacio        |
| Unit of Assignment:                             |  | Work Assignment (Unit | t #, Module, etc.): | Shift:            |              |               |             |               |
| Temple 9  |  | 50                    |                     | ● E               | M O Day OF   | PM O          | Regular (   | ● OT ○ Off Du |
| Emp.#   | Last Name                              |                       | First Name          |                   |              | Middle        | Name        | 7,000         |
| Unit of Assignment:                             |  | Work Assignment (Unit | #, Module, etc.):   | Shift:            |              |               |             |               |
| Emp. #  | Last Name                              |                       | First Name          | UEN               | VI ○ Day ○ F | $\overline{}$ |             | OT Off Dui    |
|   |  |                       |                     |                   |              | ivildale      | Name        |               |
| Unit of Assignment:                             |  | Work Assignment (Unit | #, Module, etc.):   | Shift:            | M O Day OF   | эм 🔘          | Regular (   | OT Off Dut    |
|   |  | No                    | n-Employee Witnes   |                   |              |               |             |               |
| Last Name                                       |  | First Name            |                     |                   | e Name       |               | Age         | *             |
| Straat Address                                  |  |                       |                     |                   |              | . ,           | 32          | U             |
| Street Address                                  |  |                       | City                |                   | Zip Code     | Phone         | #1          | Phone #2      |
| Last Name                                       |  | l First Name          |                     | Middle            | e Name       |               | ۸۵۵         |               |
|   |  |                       |                     | I Wilde           | e ivalle     |               | Age<br>24   | D.O.B.        |
| Street Address                                  |  |                       | City                |                   | Zip Code     | Phone         | E           | Phone #2      |
|   |  |                       |                     |                   |              |               |             |               |
| Last Name                                       |  | First Name            |                     | Middle            | • Name       |               | Age         | D.O.B.        |
|   | atfield                                |                       | Kent                |                   |              |               | Adul        | t             |
| Street Address                                  |  | _                     | City                |                   | Zip Code     | Phone         | #1          | Phone #2      |
| Los Angeles C                                   | ounty Fire De                          | epartment Captain     | Station             | #4                | 91770        | 626-2         | 801833      |               |
| Last Name                                       |  | First Name            |                     | Middle            | Name         |               | Age         | D.O.B.        |
| Street Address                                  |  |                       | City                |                   | Zip Code     | Phone         | #1          | Phone #2      |
|   |  |                       |                     |                   | -            | I none        | rr 1        | FIDITE #4     |
| Last Name                                       |  | First Name            |                     | Middle            | Name         |               | Age         | D.O.B.        |
| 21-12-1   |  |                       |                     |                   |              |               | 1           |               |
| Street Address                                  |  |                       | City                |                   | Zip Code     | Phone :       | #1          | Phone #2      |
| Last Name                                       |  | First Name            | <u>. j</u>          | Middle            | Name         |               | I Ago       | I DOB         |
|   |  |                       |                     | 1                 | 1141110      |               | Age         | D.O.B.        |
| Street Address                                  |  |                       | City                |                   | Zip Code     | Phone #       | ‡1          | Phone #2      |
| Last Name                                       |  | 1 m - 1 N             |                     |                   |              |               |             |               |
| Cast Harris                                     |  | First Name            |                     | Middle            | Name         |               | Age         | D.O.B.        |
| Street Address                                  | ······································ |                       | City                |                   | Zip Code     | Phone #       | 1 1         | Phone #2      |
|   |  |                       |                     |                   |              |               |             | TIONE #2      |
| Last Name                                       |  | First Name            |                     | Middle I          | Name         |               | Age         | D.O.B.        |
| Street Address                                  |  |                       | T and               |                   |              |               |             |               |
| with the same same same same same same same sam |  |                       | City                |                   | Zip Code     | Phone #       | 1           | Phone #2      |
| Last Name                                       |  | First Name            |                     | Middle N          | Vame         | I             | Age         | D.O.B.        |
|   |  |                       |                     |                   |              |               | - 0-        |               |
| Street Address                                  |  |                       | City                |                   | Zip Code     | Phone #       | 1 F         | hone #2       |
|   |  |                       |                     |                   |              |               |             |               |

### Servisor's Report on Use of Feee

Page 4 of 6

(UC) Uncooperative (HR) High Risk

0 1 4 - 1 2 8 3 0 - 0 5 3 2 - 0 5 4

Method

(EX) Explosives

(AW) Arwen (FH) Firearm (Handgun) (PO) Personal Weapon (Other) (BC) Baton: (Control) (FR) Firearm (Rifle) (RS) Resistance (BI) Baton: (Impact) (FS) Firearm (Shotgun) (RO) Restraint Device (Other) (BF) Bodily Fluids (FO) Firearm (Other) (RH) Restraint Device (Handcuffs) (CN) Canine (FB) Flashbang (HB) Restraint Device: Hobble (Legs Only) (CR) Carotid Restraint (FL) Flashlight (TP) Restraint Device: Hobble (TARP) (CH) Choke Hold (OÉ) Other Weapon: Edged (RE) Restraint Device: REACT Belt (CT) Control Holds: (Control Techniques) (OV) Other Weapon: Vehicle (SP) Sap (TT) Control Holds: (Team Takedown) (OB) Other Weapon: Blunt Object (SH) Shield (TD) Control Holds: (Takedown) (OO) Other Weapon: Other (IR) Less Lethal Impact Round (other) (CE) Chemical (PK) Personal Weapon: Feet/Leg: (Kick) (SB) Sting Ball (OC) Chemical Agents (OC Spray) (PS) Personal Weapon: Feet/Leg: (Sweep) (ST) Stun Bag (TG) Chemical Agents (Tear Gas) (PH) Personal Weapon (Hand/Arm) (TR) Taser

(PP) Personal Weapon (Push)

Type of Injury **Body Part Involved** (AB) Abrasion (DB) Dog Bite (PA) Paralysis (AD) Abdomen (FA) Face (HI) Hip (BR) Bruise (PW) Puncture Wound (FR) Fractures (AK) Ankle (FE) Feet (IN) Internal (BU) Burn (GS) Gunshot (SD) Soft Tissue Damage (AR) Arm (FI) Fingers (KN) Knees (CP) Complaint of Pain (HB) Human Bite (ST) Sprain/Twists (BK) Back (GE) Genitals (LE) Leg (CO) Concussion (UN) Unconscious (LC) Lacerations (BT) Buttocks (GR) Groin (NK) Neck (DH) Death (ND) Nerve Damage (RM) Refused Med Treatment (CH) Chest (HD) Hands (NO) Nose (DI) Dislocation (OD) Organ Damage (NN) NONE (EL) Elbow (HE) Head (SH) Shoulder (WR) Wrist

| FORCE USED B | Υ        | FORCE USED AG | AINST    | Method        | Type of          |                     |
|--------------|----------|---------------|----------|---------------|------------------|---------------------|
| Name         | E# or S# | Name          | E# or S# | (Code)        | Injury<br>(Code) | Body Part<br>(Code) |
| Ibarra       | S/1      | Wood          | E/1      | UC            | NN               | NN                  |
| lbarra       | S/1      | Wood          | E/1      | HR            | NN               | NN                  |
| Wood         | E/1      | Ibarra        | S/1      | OC            | NN               | FA                  |
| Ibarra       | S/1      | Wood          | E/1      | HR            | NN               | NN                  |
| Wood         | E/1      | Ibarra        | S/1      | СТ            | NN               | BK                  |
| Ibarra       | S/1      | Wood          | E/1      | HR            | NN               | NN                  |
| Wood         | E/1      | Ibarra        | S/1      | PH            | BR               | ВК                  |
| Wood         | E/1      | ibarra        | S/1      | PH            | BR               | FA                  |
| Ibarra       | S/1      | Wood          | E/1      | HR            | NN               | NN                  |
| Wood         | E/1      | Ibarra        | S/1      | TP            | UN               | LE                  |
|              |          |               |          |               |                  |                     |
| Ibarra       | S/1      | Guzak         | E/2      | HR            | NN               | NN                  |
| Guzak        | E/2      | Ibarra        | S/1      | CT I          | NN               | AK                  |
| Guzak        | E/2      | lbarra        | S/1      | CT            | NN               | LE                  |
| Ibarra       | S/1      | Guzak         | E/2      | HR            | NN               | NN                  |
| Guzak        | E/2      | lbarra        | S/1      | HB            | NN               | AK                  |
|              |          |               |          |               |                  |                     |
| Ibarra       | S/1      | Fugawa        | E/3      | HR            | NN               | NN                  |
| Fugawa       | E/3      | Ibarra        | S/1      | CT            | NN               | AR                  |
| Ibarra       | S/1      | Fugawa        | E/3      | PH            | CP               | WR                  |
| Fugawa       | E/3      | Ibarra        | S/1      | PH            | BR               | FA                  |
| Fugawa       | E/3      | Ibarra        | S/1      | CT            | NN               | SH                  |
| Ibarra       | S/1      | Fugawa        | E/3      | HR            | NN               | NN                  |
| Fugawa       | E/3      | lbarra        | S/1      | <del>CT</del> | NN               | LE                  |
|              |          |               |          |               | <del></del>      |                     |

#### Page 5 of 6

## pervisor's Report on Use of For 914-12345-0600-201

#### Method

| (FH)<br>(FR)<br>(FS)<br>(FO)<br>(FB)<br>(FL)<br>(OE)<br>(OV)<br>(OO)<br>(PK)<br>(PS)<br>(PH)<br>(PP | Firearm (Handgun) Firearm (Rifle) Firearm (Shotgun) Firearm (Other) Flashbang Flashlight Other Weapon: Edged Other Weapon: Vehicle Other Weapon: Blunt Object Other Weapon: Other Personal Weapon: Feet/Leg: (Kick) Personal Weapon: Feet/Leg: (Sweep) Personal Weapon (Hand/Arm) Personal Weapon (Push) | (PO) (RS) (RO) (RH) (HB) (FP) (RE) (SP) (ST) (FR) (ST) (HR) (FR) (FR) (FR) (FR) (FR) (FR) (FR) (F   | Personal Weapon (Other) Resistance Restraint Device (Other) Restraint Device (Handcuffs) Restraint Device: Hobble (Legs Only) Restraint Device: Hobble (TARP) Restraint Device: REACT Belt Sap Shield Less Lethal Impact Round (other) Sting Ball Stun Bag Taser Uncooperative High Risk  |
|---|--|---|---|
|   | (FR)<br>(FS)<br>(FO)<br>(FB)<br>(FL)<br>(OE)<br>(OV)<br>(OB)<br>(OO)<br>(PK)<br>(PS)<br>(PH)   | (FR) Firearm (Rifle) (FS) Firearm (Shotgun) (FO) Firearm (Other) (FB) Flashbang (FL) Flashlight (OE) Other Weapon: Edged (OV) Other Weapon: Vehicle (OB) Other Weapon: Blunt Object (OO) Other Weapon: Other (PK) Personal Weapon: Feet/Leg: (Kick) (PS) Personal Weapon: Feet/Leg: (Sweep) (PH) Personal Weapon (Hand/Arm) | (FR) Firearm (Rifle) (RS) (FS) Firearm (Shotgun) (RO) (FO) Firearm (Other) (RH) (FB) Flashbang (HB) (FL) Flashlight (TP) (OE) Other Weapon: Edged (RE) (OV) Other Weapon: Vehicle (SP) (OB) Other Weapon: Blunt Object (SH) (OO) Other Weapon: Other (IR) (PK) Personal Weapon: Feet/Leg: (Kick) (SB) (PS) Personal Weapon: Feet/Leg: (Sweep) (ST) (PH) Personal Weapon (Hand/Arm) (TR) (PP Personal Weapon (Push) (UC) |

| (AB) Abrasion (DB) Dog Bite (PA) Paralysis (BR) Bruise (FR) Fractures (PW) Puncture Wound (BU) Burn (GS) Gunshot (SD) Soft Tissue Damage (CP) Complaint of Pain (HB) Human Bite (ST) Sprain/Twists (CO) Concussion (LC) Lacerations (UN) Unconscious (DH) Death (ND) Nerve Damage (RM) Refused Med Treatment | Body Part Involved  (AD) Abdomen (FA) Face  (AK) Ankle (FE) Feet  (AR) Arm (FI) Fingers  (BK) Back (GE) Genitals  (BT) Buttocks (GR) Groin  (CH) Chest (HD) Hands  (EL) Elbow (HE) Head | (HI) Hip<br>(IN) Internal<br>(KN) Knees<br>(LE) Leg<br>(NK) Neck<br>(NO) Nose<br>(SH) Shoulder<br>(WR) Wrist |
|--|---|--|
|--|---|--|

| FORCE USED BY                           |          | FORCE USED AGAINST |          | Type of          | Body             |                |
|---|----------|--------------------|----------|------------------|------------------|----------------|
| Name                                    | E# or S# | Name               | E# or S# | Method<br>(Code) | Injury<br>(Code) | Part<br>(Code) |
| Ibarra                                  | S/1      |                    | E/4      | HR               | NN               | NN             |
| AND | E/4      | Tbarra             | S/1      | CT               | NN               | SH             |
|   | E/4      | Ibarra             | S/1      | CT               | NN               | BK             |
| Ibarra                                  | S/1      |                    | E/4      | RS               | NN               | WR             |
|   | E/4      | Ibarra             | S/1      | RH               | NN               | WR             |
| Ibarra                                  | S/1      |                    | E/4      | HR               | NN               | NN             |
|   | E/4      | Ibarra             | S/1      | CT               | NN               | SH             |
| Ibarra                                  | S/1      |                    | E/5      | HR               | NN               | NN             |
|   | E/5      | Ibarra             | S/1      | CT               | NN               | HD             |
| Ibarra                                  | S/1      |                    | E/5      | RS               | NN               | NN             |
|   | E/5      | Ibarra             | S/1      | RH               | NN               | NN             |
| Ibarra                                  | S/1      |                    | E/5      | HR               | NN               | NN             |
|   | E/5      | Ibarra             | S/1      | CT               | NN               | SH             |
|   | E/5      | Ibarra             | S/1      | СТ               | NN               | LE             |
|   |          |                    |          |                  |                  |                |
|   |          |                    |          |                  |                  |                |
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|   |          |                    |          |                  |                  |                |

## Servisor's Report on Use of Force INVOLVED EMPLOYEE - Continuation

0 1 4 - 1 2 8 3 0 - 0 5 3 2 - 0 5 4

Page 6 of 6 **Involved Employee** Last Name First Name Rank Height: Weight Shift: Regular Shift
 OT Shift
 Off Duty Unit of Assignment: Work Assignment (Unit #, Module, etc.); Temple Station 53T1 Individual Force Used: Individual Category Resisted Control Techniques, Resisted Handcuffing C Directed C Rescue C Medical Assist ① 1 ○ 2  $\bigcirc$ 3 Coroner Case # \_\_\_ Injured Treated Admitted Facility: Last Name First Name Race: Height: Weight: Age: Shift: Regular Shift () OT Shift () Off Duty Unit of Assignment: Work Assignment (Unit #, Module, etc.): Temple Station 51 Individual Force Used: Individual Category C Directed C Rescue C Medical Assist Resisted Control Techniques, Resisted Handcuffing ① 1 ()2  $\bigcirc$ 3 Coroner Case # Injured Treated Admitted Facility: Employee # Last Name First Name Middle 1. Rank Race Height: Weight: Age: Shift: ○ EM ○ Day ○ PM Om Of Regular Shift OT Shift Off Duty Unit of Assignment: Work Assignment (Unit #, Module, etc.): Individual Force Used: Individual Category C Directed C Rescue C Medical Assist  $\bigcirc 1 \bigcirc 2$  $\bigcirc$ 3 Coroner Case # Injured Treated Admitted Facility: Employee # Last Name First Name Middle I. Rank Sex: Race: Height: Weight: Age: Shift: ○ EM ○ Day ○ PM  $\bigcirc$  M  $\bigcirc$  F Regular Shift OT Shift Off Duty Work Assignment (Unit #, Module, etc.): Unit of Assignment: Individual Force Used: Individual Category C Directed Rescue Medical Assist  $\bigcirc$ 2  $\bigcirc$ 3 Coroner Case # Injured Treated Admitted Facility: Employee # Last Name First Name Middle I. Rank Sex: Race: Height: Weight: Age: Shift:  $\bigcirc$  M OEM ODay Regular Shift OT Shift Off Duty Unit of Assignment: Work Assignment (Unit #, Module, etc.): Individual Force Used: Individual Category C Directed C Rescue C Medical Assist ○3  $\bigcirc$ 1  $\bigcirc$ 2 Coroner Case # Admitted Injured Treated Facility:

## COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT

#### INVESTIGATIVE SUMMARY

INCIDENT:

Use of Force

IAB FILE NUMBER:

FO2368884

**DIVISION / UNIT:** 

East Patrol Division / Temple Station

DATE / TIME:

October 20, 2014 / 0314 hours

LOCATION:

3029 San Gabriel Boulevard, Rosemead (Gales Motel)

SUSPECT:

Juan Manuel Ibarra, MH/35, DOB: 07/02/79, #4131008

**INVOLVED** 

PERSONNEL:

Deputy Robert Wood, #
Deputy Charles Guzak, #
Deputy Michael Fugawa, #
Deputy
Deputy
Deputy
Sergeant Abel Moreno #

#### SYNOPSIS:

On October 20, 2014, the Internal Affairs Bureau's (IAB) Force and Shooting Response Team, consisting of Lieutenant Michael Berg, Sergeant Dan Peacock and Sergeant Dinah Grote, responded to Temple Sheriff's Station regarding a use of force, wherein the suspect was hospitalized following contact with deputies. The suspect, who was identified as John Manuel Ibarra, remained in a coma for approximately nine months before he was declared deceased on July 5, 2015.

In an attempt to interview Suspect Ibarra, Internal Affairs Bureau Investigators contacted, Lupe Lopez, via telephone, on August 24, 2015. Miss Lopez is an employee of Imperial Crest Health Care Medical Center. Miss Lopez told IAB Sergeant Daniel Peacock that Suspect Ibarra died on July 5, 2015. Sergeant Peacock notified LASD Homicide Bureau, who initiated an investigation (See Homicide Case Book [EXHIBIT A, Volumes 1-7]). The Homicide Case Book was presented to the Los Angeles County District Attorney's Office, Justice System Integrity Division for review and consideration. Head Deputy District Attorney James Garrison concluded in his Letter of Opinion [EXHIBIT B] that force used by Los Angeles County Sheriff's Department deputy personnel in this matter was

"Reasonable under the circumstances to overcome Ibarra's resistance and prevent him from further harming himself or others."

IAB Sergeant Daniel Peacock was originally assigned with the responsibility of the administrative review of the incident. Subsequently, IAB Sergeant James Jordan was assigned this case on May 4, 2016.

On October 20, 2014, at approximately 0314 hours, Temple Station received a 9-1-1 call

#### CASE SUMMARY:

regarding a male Hispanic later identified as Suspect Juan Ibarra, hitting further stated, a female ran out of the motel room screaming for help! The call (Tag-23) was voice dispatched and assigned to 53A, Deputy Wood. The call stated the location of the incident was the Gales Motel, located at 3029 San Gabriel Boulevard in the City of Rosemead, room #7. Units 53, Deputy Guzak and 53T1 Deputy were assigned to assist. IAB Note: The informant in the call, who was identified as Witness told dispatchers the incident occurred at the Gales Motel room #7. Upon arrival, deputies determined there was no room #7 and were directed to room #107. For 9-1-1 call, see [EXHIBIT C]. Deputies Wood, Guzak, Fugawa, and arrived at the location within a few minutes of the call being dispatched. Upon their arrival, Deputy Wood saw a Hispanic female standing in the motel parking lot outside of room #107. The female, who was (FH/ identified as Victim , held a blood soaked bed sheet between her legs, with blood running down the inside of her legs. Standing next to Victim was her vear old Victim Deputy Wood requested paramedics, additional personnel, a Taser, and the field supervisor 50S, Sergeant Abel Moreno. For radio traffic see [EXHIBIT D]. Victim who is a Spanish speaker, told deputy personnel that her Suspect Ibarra, was in room #107 and acting "crazy" because he thought their one year Victim who was unaccounted for, was deceased. The Los Angeles County Fire Department was requested to stage on San Gabriel Boulevard just

Initially, Deputies Wood and Guzak approached the open door to room #107 and saw Suspect Ibarra completely naked and throwing furniture in the air, which landed on his head and body. There was blood throughout the room. See crime scene photos, **[EXHIBIT E]**.

south of the location. Within minutes, Los Angeles County Fire Department Station #4,

commanded by Captain Chatfield, arrived and treated Victim

Victim

old

and her

Suspect Ibarra was sweating profusely and screaming unintelligibly. Deputies saw Suspect Ibarra run across the bed and into the front bay window of the motel room. The glass did not break and Suspect Ibarra fell backward to the floor. While lying on the floor, he kicked the window with the bottom of his bare feet, but did not break the glass. While Suspect Ibarra kicked at the window, Deputy Wood sprayed Suspect Ibarra's facial area with a three second burst of Oleoresin Capsicum (O.C.) Spray through the ajar door. Suspect Ibarra rolled over into a prone position and crawled toward the middle of the room where he remained.

Within minutes, assisting Deputies Fugawa, and arrived, along with Sergeant Moreno. Sergeant Moreno was quickly briefed of the known circumstances and of the missing possibly injured inside the room. Based on the preliminary information that the year old Victim was inside the motel room, coupled with the large amount of visible blood smeared throughout the room, and Suspect Ibarra's erratic behavior, Sergeant Moreno ordered deputies to enter the room to affect a rescue of vear old Victim and detain Suspect Ibarra.

Based the urgency of the situation, a plan was quickly formulated by Sergeant Moreno and the deputies. Deputies Wood, Guzak, Fugawa, and entered the room, followed by Sergeant Moreno. Upon entry, Suspect Ibarra was lying prone and naked in the middle of the room. Deputy Wood straddled Suspect Ibarra's back and utilized his own body weight to control Suspect Ibarra's movement. Deputy Fugawa attempted to control Suspect Ibarra's right arm with both of his hands. Deputy attempted to control Suspect Ibarra's left arm with both of his hands, however Suspect Ibarra pulled his arms underneath him and attempted to raise himself up off the floor. Deputies described Suspect Ibarra as extremely strong and very slippery from sweat. Suspect Ibarra was able to push himself up off the floor despite deputies' efforts to keep him immobilized. As Suspect Ibarra lifted himself off the floor, Deputy Wood feared Suspect Ibarra would achieve a better position in which to assault deputy personnel and punched Suspect Ibarra 5-6 times on the left and right side of his torso. Suspect Ibarra grabbed Deputy Fugawa's left wrist with his right hand, so hard that Deputy Fugawa could feel a tingling sensation in his thumb. Deputy Fugawa punched Suspect Ibarra twice in the right side of his face to get him to release his hand. Suspect Ibarra released his grip of Deputy Fugawa's hand. While Suspect Ibarra's body was controlled by deputy personnel in the prone position on the floor, his legs were controlled by Deputy Guzak. Deputy Guzak utilized his body weight by placing his shins across Suspect Ibarra's calves and ankles.

Deputies and attempted to handcuff Suspect Ibarra as he continuously screamed and struggled to break free from their control. Deputies overcame Suspect Ibarra's right arm resistance and brought his hand to his back for handcuffing. Deputy Fugawa assisted Deputy in controlling Suspect Ibarra's right arm by applying downward pressure on the rear of Suspect Ibarra's right shoulder. Deputy overcame Suspect Ibarra's left arm resistance by using both of his hands to bring Suspect Ibarra's left arm behind his back for handcuffing. While

Deputies and struggled to handcuff Suspect Ibarra, he violently kicked his legs. Sergeant Moreno directed Deputy Guzak to restrain Suspect Ibarra's legs by applying a Department approved Ripp Hobble around his ankles. Deputy Guzak struggled to overcome Suspect Ibarra's leg resistance by using his own hands and body weight. After several seconds, Deputy Guzak successfully applied the Hobble around Suspect Ibarra's ankles. Based on Suspect Ibarra's continued violent struggle and erratic behavior, Sergeant Moreno directed Deputy Guzak to place Suspect Ibarra in the total appendage restraint position (TARP). Deputy Guzak wrapped the Hobble's canvass strap, around one of Suspect Ibarra's legs and handed the brass clip end to Deputy Wood. Deputy Wood, who was still straddling Suspect Ibarra's back, secured the clip to the handcuff chain completing the TARP procedure.

Once Suspect Ibarra was in the TARP position, Deputies immediately rolled him onto his right side, monitored his breathing, controlled his movement, and summoned paramedics. Paramedics arrived within three minutes, assessed Suspect Ibarra, and left the room. Approximately one minute after paramedics exited the motel room, Suspect Ibarra became unconscious and appeared to not be breathing. The paramedics who were still nearby, medically treating Victim and and year old Victim immediately summoned back to the room. They arrived within one minute. Suspect Ibarra was released from his restraints. After a brief assessment, paramedics determined Suspect Ibarra was in cardiopulmonary arrest. They initiated Cardio Pulmonary Resuscitation (CPR), and transported him, via ambulance, to Garfield Medical Center. For further see Garfield Medical Center's electronic medical records [EXHIBIT F]. Suspect Ibarra was resuscitated, but remained comatose due to brain damage caused by the lack of oxygen and blood to his brain during cardiac arrest. During a toxicology screening at Garfield Medical Center, it was discovered Suspect Ibarra had Methamphetamines in his blood. Suspect Ibarra was diagnosed with "Anoxic Brain Damage," by his attending physician, Doctor John K. Liu.

Victim and her Victim and Victim were transported, via ambulance, to Los Angeles County Medical center (LCMC). Victim suffered life threatening lacerations, by an unknown object, to her vagina and rectum. Victim did not have any injuries. Victim had a contusion on her forehead, visible signs of choking, and blood in her diaper caused by a rectal abrasion. All three female victims were given a Sexual Assault Response Team (SART) exam. For SART results see [Exhibit H].

Special Victims Bureau Detectives Mike Silva # and Allen Rich # responded to the location and initiated an investigation. Their detailed investigation was documented and placed on compact disc **[EXHIBIT H]**.

Scientific Services Bureau, Deputy Ray Davidson, Senior Criminalist Jim Nieman, and Supervising Criminalist Ken Sewell, responded to the location and assisted with gathering evidence and taking photographing the scene **[EXHIBIT E]**.

Suspect Ibarra sustained contusions and abrasions to his feet, legs, hands, and face. (See photographs of Suspect Ibarra's injuries **[EXHIBIT G]**). Suspect Ibarra remained in a comatose state at Garfield Medical Center. Suspect Ibarra was initially issued a booking number, but was released from Department custody on October 24, 2014, pending a change in his medical condition.

Suspect Ibarra remained at Garfield Medical Center until January 19, 2015. On January 19, 2015, Suspect Ibarra was transferred to Imperial Crest Health Care Medical Center for long term care where he remained in a vegetative state. On the morning of July 5, 2015, Suspect Ibarra was found with his breathing apparatus dislodged. He was rushed, via ambulance, in full cardiac arrest to Centinela Medical Center where he was treated and pronounced deceased. (See Certificate of Death [EXHIBIT A, page 374, of Volume 1]) by emergency room physician Doctor Lee Weiss at 0644 hours.

IAB Note: LASD was not notified of Suspect Ibarra's death, however, notification requests for patient status change were found within Suspect Ibarra's medical charts from Garfield Medical Center and Imperial Crest Health Care Medical Center Homicide Case Book

[EXHIBIT A, page 213 of Volume and page 417 of Volume 7].

Deputy Wood documented the incident and his actions in a complaint report under Uniform Report Number #014-12830-0532-054. Deputies Guzak, Fugawa, and wrote supplemental reports documenting their use of force and witnessed force under the same file number. See Temple Station reports and additional documents [EXHIBIT I].

IAB Note: Several deputies assisted during the incident with securing the scene, booking of evidence, and security of the suspect in the hospital. These deputies wrote supplemental reports

documenting their actions [EXHIBIT I].

IAB Note: Video surveillance from 9 different cameras was recovered

from the Gales Motel. Video from Camera 1 documents

deputy contact and entry [EXHIBIT J].

IAB Note: The Gales Motel video time stamp is approximately 10

minutes behind the actual time.

Victim who was under the influence of Methamphetamines the night of the incident had partial recollection of the incident. She told SVB and IAB Investigators that while her was in the motel room, we year old Victim began to choke. Suspect Ibarra attempted help the by sticking his fingers into her mouth. Victim said Suspect Ibarra "forced" a baggy of white powdery substance into her mouth, which made her feel like she was dying. She said she did not remember how she was injured or details of the incident because of the drugs she forcibly ingested.

| Of the witnesses identified in the supplemental reports, only Witness was willing to provide a statement. Witness told on-scene deputies and IAB investigators he heard loud yelling and banging noises come from the room Witness said he heard a girl screaming for help. He called 9-1-1 and reported the incident. He heard Suspect Ibarra scream incoherently as deputies struggled to control him. He heard deputies yell, "Let go!" |                          |                          |  |  |  |  |
|--|--------------------------|--------------------------|--|--|--|--|
| Los Angeles County Fire Department Captain Kent Chatfield told IAB investigators, that upon arrival at the scene, he focused on the treatment of Victims and When he approached room #107 he saw Suspect Ibarra struggling with deputies.  |                          |                          |  |  |  |  |
| ı  | •                        |                          | transcribed, however an audio<br>d on a compact disc <b>[EXHIBIT</b> |  |  |  |
| INVOLVED PERSON  | NNEL/WORK HISTO          | ORY:                     |  |  |  |  |
| WOOD, ROBERT   |                          |                          |  |  |  |  |
| Deputy Sheriff, Empl<br>East Patrol Division/  | •                        | trol                     |  |  |  |  |
| Date of Employment: Date assigned to TEM: Completed Patrol Training: Prior Shooting Incident(s): Prior Founded Force Incident(s):  |                          | 02/11/2002<br>08/03/2008 |  |  |  |  |
| GUZAK, CHARLES   |                          |                          |  |  |  |  |
| Deputy Sheriff, Employee # East Patrol Division/Temple Station - Patrol  |                          |                          |  |  |  |  |
| Date of Employment:<br>Date assigned to TEI<br>Completed Patrol Tra<br>Prior Shooting Incide<br>Prior Founded Force  | M:<br>aining:<br>ent(s): | 03/06/1997<br>10/07/2007 |  |  |  |  |

### **FUGAWA, MICHAEL** Deputy Sheriff, Employee # East Patrol Division/Temple Station - Patrol Date of Employment: 12/06/2006 Date assigned to TEM: 08/11/2013 Completed Patrol Training: Prior Shooting Incident(s): Prior Founded Force Incident(s): Deputy Sheriff, Employee # East Patrol Division/Temple Station - Patrol 02/05/2007 Date of Employment: Date assigned to TEM: 11/10/2013 Completed Patrol Training: Prior Shooting Incident(s): Prior Founded Force Incident(s): Deputy Sheriff, Employee # East Patrol Division/Temple Station - Patrol Date of Employment: 06/27/2007 Date assigned to TEM: 04/06/2014 Completed Patrol Training: Prior Shooting Incident(s): Prior Founded Force Incident(s): SUSPECT INFORMATION: IBARRA, JUAN MANUEL, MH/35, DOB: 07/02/79, 509, 175 lbs., Booking #4131008. Home telephone:

CCHRS/CII (Consolidated Criminal History Reporting System/Criminal Information Index) revealed that Suspect Juan Ibarra had

FBI#

MAIN #

CII#

#### INJURIES:

No deputies were injured.

Suspect Ibarra sustained slight swelling and redness to his right cheek from personal weapons (punches) used by deputies. Suspect Ibarra also sustained several scratches and contusions to his feet, legs, and hands. All of the deputies involved believed he received these injuries prior to their contact with him. Refer to photographs of Suspect Juan Ibarra's injuries, presented as **[EXHIBIT F]** in this case book.

#### PHYSICAL EVIDENCE:

Physical evidence was located, collected and documented by Scientific Services Bureau personnel.

#### **CRIMINAL INVESTIGATION CHARGES:**

Investigator's Name: Special Victim's Bureau Detective Allen Rich #

Court: Pasadena Court

Charges Filed: 273.5 (a) PC, 273a (a) PC, and 273a (b) PC

DA Case Number: GA095059

On October 24, 2014, Detective Rich submitted the criminal complaint. The above charges were filed by Deputy District Attorney Jodiz Taksar. For further, refer to Detective Rich's supplemental report, and the criminal complaint filing located in the IAB Case Book **[EXHIBIT H]**.